



Care for Yourself

The Iowa Breast & Cervical Cancer
Early Detection Program

Health Care Provider Guide

**Chronic Disease Prevention & Management
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075**

**Phone (515) 281-5616
Fax (515) 242-6384**

www.idph.state.ia.us/CFY





CFY Program Services for Eligible Women

Services Included:

An office visit that includes appropriate/recommended breast and cervical cancer screening:

- Two blood pressure measurements
- Height and Weight measurements; Body Mass Index (BMI) is calculated by program electronic data system. Clinicians may wish to calculate the BMI for participant counseling purposes.
- Clinical breast exam
- Pelvic exam
- Pap test as eligible; if a provider feels that a Pap test needs to be more frequently than every 3-5 years [protocol], a request for consideration of reimbursement of the Pap by the CFY Program must be made to the program.
- Mammography as recommended by provider
- Breast and/or cervical diagnostic services as recommended by provider
- Tobacco cessation referral
- Referral for precancer and cancer treatment as recommended by provider



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INTRODUCTION

Thank you for being part of the Iowa *Care for Yourself* (IA CFY) Program. The Health Care Provider Guide is to help participating health care providers understand program requirements and provide screening services to program-eligible women.

PROGRAM STRUCTURE

The IA CFY Program has 27 local programs that provide navigation and supervision of service delivery for participants in all counties of Iowa.

IA CFY Program services emphasize:

- Breast and cervical cancer screening for the target population
- Reaching women never or rarely (defined as not having a pap in the last five years) screened for cervical cancer
- Reducing over-screening (screening nonsymptomatic women more frequently the national guidelines recommend) for cervical cancer
- Case management for participants requiring follow-up examinations for abnormal screening results (See Diagnostic Follow-up on page 11), breast or cervical cancer treatment, and
- Rescreening services to eligible women on an annual basis.

ELIGIBILITY

The Iowa *Care for Yourself* Program provides services for women:

- Age 40 and over
- Under age 40 with breast cancer symptoms
- Household income at or less than 250% of the poverty level for household size set by the federal government. Check the *Care for Yourself* Program website (www.idph.state.ia.us/CFY) for current Income Guidelines
- No health insurance, insurance that does not cover the services provided by the program, or unable to pay insurance deductibles or co-payments.

*Insurance coverage does not exclude an eligible woman. Insurance plans can include a deductible, co-pay or waiver stating that treatment for breast or cervical cancer will not be paid. If a woman does have insurance coverage for any or all services and meets age and income guidelines she may be eligible for services. **Claims for services are to be submitted to the participant's insurance company for payment before submission to the IA CFY Program.***

The *Care for Yourself* Program **does not** provide services for:

- Men
- Women with Medicare Part B
- Women age 39 and younger unless they have symptoms of breast cancer



HEALTH CARE PROVIDER ROLES

To be a participating provider for the IA CFY Program:

- Review the Health Care Provider Guide
- Complete and return to the Iowa Department of Public Health (IDPH) the following documents:
 - IA CFY Program Cooperative Agreement for breast and cervical cancer services
 - Application for Provider Status
 - Copy of facility W-9, and
 - CLIA certificate, if applicable.

Copies of these forms can be found at
www.idph.state.ia.us/CFY/Providers.aspx.

By signing the Cooperative Agreement, you agree to follow procedures and policies described in the Cooperative Agreement and Health Care Provider Guide.

- Health care providers must be licensed or certified to practice in the state in which they serve program participants.
- Must follow the evidence-based guideline for cervical abnormalities published by the *American Society of Colposcopy and Cervical Pathology (ASCCP). 2012 Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities* can be found at www.asccp.org/Consensus2012.
- Laboratories must have current Clinical Laboratories Improvement Act (CLIA) certification. Reporting of Pap test results are to use the current The Bethesda System of Pap test classification.
- Mammography facilities must be certified by the US Food and Drug Administration-approved certifying body under the Mammography Quality Standards Act (MQSA) of 1992. The American College of Radiology (ACR) Breast Imaging Lexicon is to be used to report the interpretation of mammography examinations.
- Provide appropriate breast and cervical screening, diagnostic and treatment services according to IA CFY Program policies and protocol.
- In confidential manner, report test/exam results and recommended follow-up to the local program coordinator immediately upon receipt of the results. As a public health surveillance and intervention program according to PUBLIC LAW 104—191, SEC 1178(b) the Iowa Care for Yourself Program is exempt from HIPAA regulations. See Appendix I for U.S. Department of Health and Human Services explanation of “DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES”.
- Submit claims for reimbursement of IA CFY Program covered services following the local IA CFY Program process for claims submission in a timely manner.
- Accept IA CFY Program reimbursement rate for services at Medicare Part B rates as payment in full. Participant is not to be billed for CFY Program-covered services. The most recent listing of Medicare Part B rates for the CFY Program can be found at www.idph.state.ia.us/CFY.

Note: The participant may be billed for services not covered by IA CFY Program. The participant must be made aware before the service is provided that the IA CFY Program will not cover the procedure and the cost will be her responsibility.



SERVICES

The IA CFY Program encourages women to obtain regular screening services.

SCREENING SERVICES

| Age | Iowa Care For Yourself (CFY) Program Screening Services | | | |
|-----------------|--|--|---|---|
| | B/P, Height, Weight | Clinical Breast Exam (CBE) | Mammogram | Pelvic/Pap ¹ |
| Under 40 | ONLY if reporting symptoms of breast cancer ² | ONLY if reporting symptoms of breast cancer | If CBE is abnormal | ONLY if reporting symptoms of breast cancer |
| 40 – 49 | Annually | <u>Asymptomatic</u> Annually <u>Symptomatic</u> As needed | <u>Asymptomatic</u> Annually <u>Symptomatic</u> As indicated | <u>Asymptomatic</u> Per CFY protocol <u>Symptomatic</u> As indicated |
| 50 – 64 | Annually | <u>Asymptomatic</u> Annually <u>Symptomatic</u> As needed | <u>Asymptomatic</u> Annually <u>Symptomatic</u> As indicated | <u>Asymptomatic</u> Per CFY protocol <u>Symptomatic</u> As indicated |
| Over 64 | Women over age 64, who do not have Medicare Part B and meet income guidelines, are able to receive services as above for 50 – 64 year old. | | | |

¹ IA CFY Program services are not available for cervical cancer screening in women with hysterectomies, unless the hysterectomy was due to cervical cancer or neoplasia. If a woman does not know if she has a cervix, a pelvic will be provided for initial physical examination to determine if a cervix is present. If the cervix is present, services may be reimbursed for cervical cancer screening according to IA CFY Program protocol.

² Examples of breast cancer symptoms are breast skin dimpling or retraction, palpable mass or nipple discharge, inversion or scaliness or an abnormal CBE.



FOLLOW-UP SERVICES

The health care provider and the local program staff share responsibility for contacting IA CFY Program women to assure appropriate follow-up has been completed.

To meet timeliness of follow-up care goals set by CDC, the participant must be:

- From screening (clinical breast exam or mammogram) to diagnosis in ≤ 60 days;
- From diagnosis to start of treatment in ≤ 60 days.

Algorithm for Breast Cancer Screening Follow-up Adequacy³

| If the CBE Result is | And The Mammogram Result is | Then The Following Diagnostic Procedures Required For Adequacy ⁴ |
|---|---|---|
| <ul style="list-style-type: none">• Normal/Benign (including fibrocystic, lumpiness, or nodularity) | <ul style="list-style-type: none">• Negative• Benign• Probably Benign (<i>Short term follow-up indicated</i>) | <ul style="list-style-type: none">• No work-up required.• If work-up is planned at least one diagnostic procedure must be done, and a final diagnosis recorded. |
| <ul style="list-style-type: none">• Abnormal (suspicious for cancer) | <ul style="list-style-type: none">• Negative• Benign• Probably Benign – (<i>Short term follow-up indicated</i>)• Assessment Incomplete | <p>One or more of the following:</p> <ul style="list-style-type: none">• Surgical Consult for repeat breast exam• Ultrasound• Biopsy/Lumpectomy• Fine Needle/Cyst Aspiration <p><i>Note: A mammogram or additional mammogram views <u>only</u> are not considered adequate.</i></p> |
| <ul style="list-style-type: none">• Abnormal (suspicious for cancer) | <ul style="list-style-type: none">• Suspicious Abnormality• Highly Suggestive of Malignancy | <p>One or more of the following:</p> <ul style="list-style-type: none">• Biopsy/Lumpectomy• Fine Needle/Cyst Aspiration |
| <ul style="list-style-type: none">• Normal/Benign (including fibrocystic, lumpiness, or nodularity) | <ul style="list-style-type: none">• Suspicious Abnormality | <p>One or more of the following:</p> <ul style="list-style-type: none">• Surgical Consult for repeat breast exam• Ultrasound• Biopsy/Lumpectomy• Fine Needle/Cyst Aspiration |
| <ul style="list-style-type: none">• Normal (including fibrocystic, lumpiness, or nodularity)• Abnormal (suspicious for cancer) | <ul style="list-style-type: none">• Highly Suggestive of malignancy | <p>One or more of the following:</p> <ul style="list-style-type: none">• Biopsy/Lumpectomy• Fine Needle/Cyst Aspiration |
| <ul style="list-style-type: none">• Normal/Benign (including fibrocystic, lumpiness, or nodularity) | <ul style="list-style-type: none">• Assessment Incomplete | <p>One or more of the following:</p> <ul style="list-style-type: none">• Additional mammography views• Ultrasound |

³ This algorithm is inappropriate as a tool for clinical decision-making for each woman or to determine whether a provider is performing according to accepted national practices.

⁴ Clinical interventions based on clinical guidelines endorsed by the Commission on Cancer of the American College of Surgeons, the American College of Obstetrics and Gynecology, and the National Cancer Institute.



Algorithm for Cervical Cancer Screening Follow-up Adequacy⁵

To meet timeliness of follow-up care goals set by CDC, the participant must be:

- From screening (Pap) to diagnosis in ≤ 90 days;
- From diagnosis to start of treatment in ≤ 90 days.

NOTE: Pap Specimen Adequacy must be “Satisfactory” for Pap Test results to be recorded.

| If Papanicolaou (Pap) Test Result Is | Then Diagnostic Procedures Required For Adequacy ⁶ |
|---|---|
| 1. Negative for Intraepithelial Lesion or Malignancy | <ul style="list-style-type: none">• No work-up required. |
| 2. ASC-US (Atypical Squamous Cells – Undetermined Significance) | <ul style="list-style-type: none">• No work-up required but follow-up in one year required.• If HPV test negative, follow-up in one year required.• If HPV test positive, one or more of the following must be done and a final diagnosis recorded:<ul style="list-style-type: none">– Colposcopy– Colposcopy with biopsy• If work-up is planned, colposcopy must be done and a final diagnosis recorded. |
| 3. Low Grade SIL encompassing: <ul style="list-style-type: none">• HPV• Mild Dysplasia/CIN 1 | One or more of the following must be done and a final diagnosis recorded: <ul style="list-style-type: none">• Colposcopy• Colposcopy with biopsy |
| 4. ASC-H (Atypical Squamous Cells – Cannot exclude High Grade Squamous Intraepithelial Lesion [SIL]) | One or more of the following must be done and a final diagnosis recorded: <ul style="list-style-type: none">• Colposcopy• Colposcopy with biopsy |
| 5. High Grade SIL encompassing (with features suspicious for invasion): <ul style="list-style-type: none">• Moderate & Severe Dysplasia• CIS/CIN 2 & CIN 3 | One or more of the following must be done and a final diagnosis recorded: <ul style="list-style-type: none">• Colposcopy• Colposcopy with biopsy• Loop Electrode Excision Procedure *• Conization * |
| 6. Squamous Cell Carcinoma | One or more of the following must be done and a final diagnosis recorded: <ul style="list-style-type: none">• Colposcopy• Colposcopy with biopsy |
| 7. Abnormal Glandular Cells including: <ul style="list-style-type: none">• AGUS (Atypical Glandular cells of Undetermined Significance)• Endocervical adenocarcinoma• Endocervical adenocarcinoma in situ• Endometrial adenocarcinoma• Extrauterine adenocarcinoma• Adenocarcinoma, NOS | One or more of the following must be done and a final diagnosis recorded: <ul style="list-style-type: none">• Colposcopy• Colposcopy with biopsy• Cold knife Conization *• Endometrial Biopsy * |

* Must be preauthorized with IA CFY Program staff.

⁵ This algorithm is inappropriate as a tool for clinical decision making for all women or to determine if individual providers are performing according to accepted national practices.

⁶ Clinical interventions based on the American Society for Colposcopy and Cervical Pathology’s 2012 Algorithms from the Consensus Guidelines for the Management of Women with Cervical Cytological Abnormalities.



Short-term Follow-up (STFU)

STFU is defined as repeat of an exam (CBE, mammogram or Pap test) in < 10 months after the initial exam. The health care provider or current IA CFY Program protocol may recommend short-term follow-up.

- According to current IA CFY Program protocol, STFU is needed for the following results:
 - **CBE Result** – based on health care provider recommendation
 - **Mammogram Result** – BIRADS Category III (Probably Benign)
 - **Pap test Result** – Atypical Squamous Cells – Undetermined Significance (ASC-US) if Reflex HPV testing is not done

Diagnostic Follow-up

Diagnostic follow-up is defined as examinations after abnormal screening results to determine a specific diagnosis as recommended by the health care provider or current IA CFY Program protocol.

- Eligibility for Diagnostic Services
 - To be eligible for IA CFY Program diagnostic services, a woman must:
 - ✓ Have received screening services through the program with documented abnormal results.

OR

- ✓ Be over the age of 40, program eligible and referred to the IA CFY Program with documentation of an abnormal result from recent clinical breast exam, mammogram or Pap test.
- Diagnostic testing is required for the following conditions.
 - **CBE Result** – Abnormality – ***Suspicious for cancer*** (i.e., discrete mass [cystic or solid], bloody or serous nipple discharge, skin dimpling or retraction, nipple areolar scaliness). ***A normal mammogram does not mean an abnormal CBE can be ignored. Further action must be taken. A diagnostic procedure(s) and final diagnosis must be reported.***⁷
 - **Mammogram Results** – BIRADS
 - ✓ Category IV – Suspicious abnormality
 - ✓ Category V – Highly suggestive of malignancy
 - ✓ Category 0 – Assessment Incomplete – need additional imaging evaluation
 - **Pap test Results** – diagnostic follow-up should be done following the American Society for Colposcopy and Cervical Pathology (ASCCP) guidelines for all cervical cytological results except Negative. www.asccp.org/Consensus2012.

⁷ Follow diagnostic options for an abnormal CBE endorsed by the Commission on Cancer of the American College of Surgeons, the American College of Obstetrics and Gynecology or the National Cancer Institute.



The IA *CFY* Program provides limited reimbursement for the following diagnostic services.

| Breast Diagnostics: | |
|---|--|
| <ul style="list-style-type: none">• Surgical Consultation Visit for repeat CBE• Mammogram• Biopsy/Lumpectomy• Ultrasound | <ul style="list-style-type: none">• Fine needle/stereotactic/cyst aspiration biopsy• Pathology Consult during surgery• Anesthesia time |

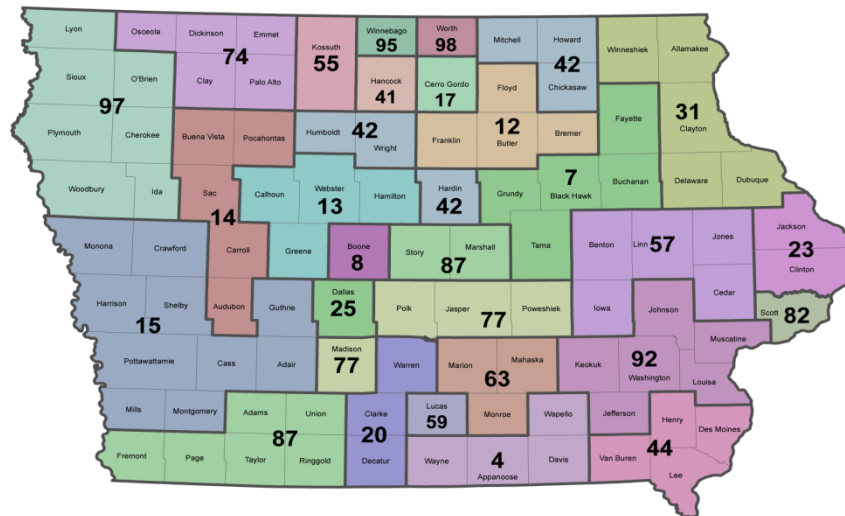
| Cervical Diagnostics: | |
|---|--|
| <ul style="list-style-type: none">• Surgical Consultation• Colposcopy (with/without biopsy)• Pathology fees | <p>If <u>procedure is preauthorized</u> by IA <i>CFY</i> Program:</p> <ul style="list-style-type: none">• LEEP or conization• Endometrial biopsy (for AGC Pap results <u>only</u>) |



CASE MANAGEMENT SERVICES

Each participant who requires follow-up, diagnostic services or treatment will receive case management services from local IA *CFY* Program staff to help assure appropriate and timely follow-up care. The local IA *CFY* Program coordinator and participant will develop a needs assessment and plan of action (if applicable). Please contact local *CFY* Program staff to help facilitate a participant's services.

Iowa Care for Yourself Service Area Map June 29, 2014 - June 30, 2015



Enrollment Sites

| | | | | |
|---|---|---|---|--|
| 4 Appanoose Jackie Kelly One St. Joseph's Dr. Centerville, IA 52544 641.437.4420 | 14 Carroll/Sac Julie Towne 318 S. Maple, Ste. #3 Carroll, IA 51401 712.794.5436 | 31 Dubuque Cathy Tieskoetter P.O. Box 359 Dubuque, IA 52004 563.556.6200 | 57 Linn Cindy Fiester 501 13 th Street NW Cedar Rapids, IA 52405 319.892.6081 | 87 Taylor Karen Norton 405 Jefferson St. #7 Bedford, IA 50833 712.523.2158 |
| 7 Black Hawk Gabbi DeWitt 1407 Independence Ave. Waterloo, IA 50703 319.292.2225 | 15 Cass Karla Akers 1500 E. 10 th St Atlantic, IA 50022 712.243.7443 | 41 Hancock Jami Hagen 532 1st Street NW Britt, IA 50423 641.843.5194 | 59 Lucas Mary Grismore 123 S. Grand, PO Box 852 Chariton, IA 50049 641.774.4312 | 92 Washington Lisa Heisdorffer 850 Orchard St. Iowa City, IA 52246 319.354.3098 |
| 8 Boone Angela Lewis 105 S. Marshall Boone, IA 50036 515.432.2275 | 17 Cerro Gordo Karen Crimmings 22 N. Georgia St S Ste 300 Mason City, IA 50401 641.421.9323 | 42 Hardin Kristy Van Hauen 2411 Edington Ave Eldora, IA 50627 641.939.8444 | 63 Marion Carla Boat 2003 N Lincoln PO Box 152 Knoxville, IA 50138 641.828.2238 | 95 Winnebago Karen Stenzel 216 S. 4 th St Forest City, IA 50436 641.585.4763 |
| 12 Butler Renae Johnson Courthouse, PO Box 325 Allison, IA 50602 319.267.2934 | 20 Clarke Laura Castro 134 W. Jefferson St Osceola, IA 50213 641.342.3724 | 44 Henry Cindy Litchfield 407 S. White St Mt. Pleasant, IA 52641 319.385.6568 | 74 Palo Alto Candace Bisenius 3201 W. 1 st St Emmetsburg, IA 50536 712.852.5419 | 97 Woodbury Lori Jackson 1014 Nebraska St Sioux City, IA 51105 712.279.6119 |
| 13 Calhoun Tami Mohr 501 Court St Rockwell City, IA 50579 712.297.8323 | 23 Clinton Dona Bark 611 N. 2 nd Street Clinton, IA 52732 563.244.4925 | 55 Kossuth Mary Hilbert 1515 S. Phillips St Algona, IA 50511 515.295.2451 | 77 Polk Louanne Williams 1907 Carpenter Ave. Des Moines, IA 50314 515.286.2095 | 98 Worth Diane Myli 95 9 th Street N. Northwood, IA 50459 641.324.1741 |
| | 25 Dallas Ann Cochran 2423 Willis Ave Perry, IA 50220 515.993.3750 | | 82 Scott Dona Bark 611 N. 2 nd Street Clinton, IA 52732 563.244.4925 | Revised 7.21.14 |



REIMBURSEMENT SERVICES

The IA CFY Program contracts with Provider Claim Systems (PCS), a division of North Iowa Community Action Organization, to process claims and reimburse health care providers for covered services.

Reimbursable Services

Refer to the provider section on the CFY website regarding reimbursement services and payment schedule. Federal law requires that reimbursement with federal funds may not exceed Iowa Medicare Part B rates. Medicare and IA CFY Program reimbursement rates are updated annually. Updated information is available to IA CFY Program participating health care providers and their billing agencies on the *Care for Yourself* website found at <http://www.idph.state.ia.us/CFY>.

A woman enrolled in the IA CFY Program should not be billed for:

- Any IA CFY Program covered service, and
- Collection and transportation of specimens. These costs are to be included in the office visit reimbursement. They should not be billed separately.

CLAIM FORMS

Originals of the HCFA 1500 and the UB 04 are the only accepted forms to submit claims for payment. The following information must be included for a claim to be processed:

- Participant name and address
- Participant ID number
- Participant Birth date
- Date of service
- CPT code for each approved service(s) provided
- Charge for service
- Facility name, address, Tax ID number and NPI number
- Billing name, address and NPI number
- If insurance is involved, complete the following:
 - For the HCFA 1500, Boxes 28 (Total Charge), 29 (Amount Paid), & 30 (Balance Due)
 - For the UB 04, Boxes 54 (Prior Payments) and 55 (Est. Amount Due)
 - **Submit the Explanation of Benefits (EOB) from an insurance company**

Iowa Care for Yourself Program is the payer of last resort. An Explanation of Benefits (EOB) must be obtained from an insurance company when appropriate. **Submit the EOB with the claim form** to PCS. IA CFY Program will reimburse for co-pay and deductibles up to the amount indicated on the Iowa *Care for Yourself* Reimbursement Schedule.

Claims Submission

Please follow the process outlined by the local IA CFY Program representative responsible for the woman receiving services. There are two ways to submit claim forms.

1. Submit the original claim form to the local program.

Enter local IA CFY information here.



Claims Submission (cont'd)

OR

2. Submit the original claim form to:

**Provider Claim Systems
PO Box 1608
Mason City, IA 50402-1608**

Claims Reimbursement Report

When claims payment is made, PCS will enclose a list of participating patient/clients with the payment. The list will include the woman's name, date of birth, date of service, the CPT code, and amount paid. **A woman may not be billed for *Care for Yourself* Program-covered services.** An IA *CFY* Program participant may be billed for services not covered by the program.

HEALTH CARE PROVIDER RESPONSIBILITIES

- Enroll as a provider of health care services for the *Care for Yourself* Program.
- Verify that the woman is enrolled in the Iowa *Care for Yourself* Program.
- Report all data as requested by the *Care for Yourself* Program Coordinator. The HIPAA Privacy Rule permits covered entities to disclose protected health information, without client authorization, to public health authorities legally authorized to receive such reports. As a public health surveillance and intervention program according to PUBLIC LAW 104—191, SEC 1178(b) the Iowa *Care for Yourself* Program is exempt from HIPAA regulations. See Appendix I for U.S. Department of Health and Human Services explanation of "DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES".

QUESTIONS

Questions about your claims should be directed to Provider Claim Systems at **(800) 547-6789** or the local *Care for Yourself* coordinator.

Questions about your Cooperative Agreement should be directed to the Iowa Department of Public Health, *Care for Yourself* at **1-866-339-7909**.



PAYMENT FOR BREAST AND CERVICAL CANCER TREATMENT

Effective July 1, 2013, Eligibility for Referral to the IA Breast and Cervical Cancer Treatment (BCCT) Option of Medicaid

1. An individual (women and men) is eligible for the Breast and Cervical Cancer Prevention and Treatment Act option of Medicaid if the individual:
 - a. Is not covered by a mandatory category of Medicaid
 - b. Has not reached age 65
 - c. Was eligible, enrolled and received services under the National Breast and Cervical Cancer Early Detection Program (BCCEDP)
 - d. Had breast or cervical cancer screenings or related diagnostic services provided or funded by:
 - i. family planning centers
 - ii. community health centers
 - iii. non-profit organizations
 - e. Does not have creditable insurance coverage for breast or cervical cancer treatment
2. The individual must meet the income eligibility requirements established by the Iowa *Care for Yourself* Program.
3. The individual must be diagnosed with a precancerous/cancerous breast or cervical condition and require treatment for the cancer.

Responsibilities of Health Care Providers

1. Notify IA CFY Program staff of the diagnosis at the same time the individual is notified.
2. Validate that the enrolled/referred individual is diagnosed with pre-cancerous or cancerous breast or cervical condition(s).
3. Send a copy of the pathology report with the breast or cervical diagnosis to the IA CFY Program staff at the same time as the notification.

*** Steps 1 and 3 facilitate participant referral for treatment coverage under the BCCT option of Medicaid. The quicker these steps are accomplished the quicker an individual without creditable insurance can start breast or cervical cancer treatment.*

AND

4. Provide Department of Human Services (DHS) staff with appropriate participant information upon request.

Once IA CFY Program staff are notified they will assist the eligible individual to access the BCCT option of Medicaid by providing DHS staff necessary documentation. DHS staff are responsible for making the final determination of eligibility.

An individual enrolled in the BCCT option of Medicaid will receive full Medicaid benefits for the duration of the breast or cervical pre-cancer or cancer treatment period.

For questions or additional information contact:

Medicaid Program Manager
Iowa Department of Human Services
(515) 281-4521

OR

IA CFY Program
Health Services Coordinator
Iowa Department of Public Health
(515) 242-6200



ADDITIONAL IA CFY PROGRAM COMPONENTS

Database

The IA CFY Program maintains a database of participating health care providers. The database is used to assist with participant referral and coordinate claims payment.

Notify the IA CFY Program of any of the following:

- Changes in professional staff
- Change of laboratory or mammography facility to which you refer participants
- Change of location (the location at which a participating provider sees participants must have a signed *Cooperative Agreement* to allow the provider to participate in the IA CFY Program)
- Change in professional status, licensing, certification, tax ID number, etc.

The Provider Application Packet and Provider Update form can be found at <http://www.idph.state.ia.us/CFY>. Questions about your Application or Update form should be directed to the Iowa Care for Yourself Program at 1-866-339-7909.

Medical Advisory Board

A Medical Advisory Board is in place to offer guidance and assistance to the IA CFY Program. Members represent various program specialties such as breast surgeon, oncologist gynecologist, pathologist, mammography technician, women's health, family practice. Please contact the program if you are interested in becoming a member of this group at (515) 281-5616.

Professional Education

State and local IA CFY Program staff are available to provide orientation/training for health care facilities staff. Contact your local IA CFY Program coordinator or call (515) 281-5616.

Program changes and updates can be found on the website <http://www.idph.state.ia.us/CFY>.

Quality Assurance And Quality Improvement

Quality assurance and improvement are integral components of the IA CFY Program and contribute to program success. The purpose of quality assurance and improvement is to:

- Ensure the quality of services delivered through the program
- Monitor performance and identify opportunities for improvement
- Plan effective strategies for improving services



Quality Assurance And Quality Improvement (cont'd)

Program requirements and monitoring activities include:

- Professional Licensure and Accreditation – health facilities and professionals must be currently licensed or accredited to practice
- Reporting standards for radiological, laboratory and pathology – reports must be reported according to national standards
- Standards for adequacy of follow-up – data reports track appropriate and timely diagnostic, short-term and rescreening services
- Case Management services – local program staff evaluate needs, implement plans and refer participants who need diagnostic services and/or are diagnosed with cancer
- Accurate data and documentation – Minimum Data Elements (MDE) are reported to CDC semi-annually
- Evaluations – reports are completed routinely and as needed to assess how well IA CFY Program is meeting CDC-set goals
- Adherence to CDC policies and guidelines



APPENDIX I



DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES

[45 CFR 164.512(b)]

Background

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

How the Rule Works

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA).

Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b). For disclosures to a public health authority, covered entities may reasonably rely on a minimum necessary determination made by the public health authority in



requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- Child abuse or neglect. Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(1)(ii). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.
- Quality, safety or effectiveness of a product or activity regulated by the FDA. Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:
 - < Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
 - < Tracking FDA-regulated products;
 - < Enabling product recalls, repairs, replacement or lookback (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of lookback); and
 - < Conducting post-marketing surveillance.



See 45 CFR 164.512(b)(1)(iii). The “person” subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (known as labeling), or from sources of labeling, such as the Physician’s Desk Reference.

C Persons at risk of contracting or spreading a disease. A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(1)(iv).

C Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual’s employer, or provides the service in the capacity of a member of the employer’s workforce, may disclose the individual’s protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. The information disclosed must be limited to the provider’s findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(1)(v).

Frequently Asked Questions

To see Privacy Rule FAQs, click the desired link below:

FAQs on Public Health Uses and Disclosures

FAQs on ALL Privacy Rule Topics

(You can also go to http://answers.hhs.gov/cgi-bin/hhs.cfg/php/enduser/std_alp.php, then select "Privacy of Health Information/HIPAA" from the Category drop down list and click the Search button.)